U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

•	OTW2 D				
1. File	Number U - 37/3	2. Fiscal Year Covered From:			
		1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Nam	ne and address of person filing.	4. Name, file number, and address of labor organization.			
Name	Kerry  The state of the state o	Name Laborers' International Union of North America			
		Labor Organization File Number 000-131			
P.O. E	Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street	446 Bonnie Valley Drive  Augustus van de state de van de state de van de van de valley van de	Street 905 16th Street Northwest			
City	меня политирующий при	City Washington			
State	Tennessee	+4 37087 State District of Columbia ZIP Code +4 20006			
5. Posit	tion in labor organization.  International	Representative			
A. Held	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
	e and address of Employer (including trade name	7. Metros of lateral t Transaction and Land			
Name		professional profe			
Trade	The control of the co				
	Name, if any:				
	The control of the co	To be Amount.			
	Name, if any:    The position of the control of the	To b. Amount.			
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P.O. E	Name, if any:    The position of the control of the				
P.O. E Street City	Name, if any:    Compared to the compared to t				
P.O. E Street City State	Name, if any:  Box, Bldg., Room No., if any  ZIP Code  Signature and verification. The undersigned denitted in this report (including the information cont	### ### ##############################			

Name of Person Filing Kerry Hale	File Number <b>U</b> -
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Laborers-Employers Cooperation & Edu. Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 905 16th Street Northwest  City Washington  State District of Columbia ZIP Code + 4 20006	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Laborers-Employers Cooperation and Education Trust (LECET) secures projects and jobs, increases union-sector market share, advertises their services,
Trade Name, if any:	develops a workforce, and advances shared market- related interests.
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City Control of the C	12.a. Nature of interest held or income received.
State  St	02/18/2004 Attended a reception-Pipeline Conference
	12.b. Amount. \$77
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) - or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City Interception of the control of	The second secon
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment,

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File Number U-

# Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Laborers-Employers Cooperation and Edu trust	a. Labor Organization	
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Street 905 16th Street Northwest	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		
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Trade Name, if any:	develops a workforce, and advances related interests.	
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	12.a. Nature of interest held or income received.	wareness aum emmase vene servannessan vinskens in nere servang
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	12.b. Amount.	\$27

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Laborers-Employers Cooperation and (LECET) secures projects and jobs, sector market share, advertises th develops a workforce, and advances related interests.	increases union- eir services,
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	red III nai it strène i meg i mediemno stradoskost non i mede stanova sindra kastigami. 18 18 dialekture Marksan gerdesassa anna tara grif syn An g gentymour kasa sing ga
	12.a. Nature of interest held or income received.  06/17/2004  Had Dinner at a restaurant	Notice and the last security of the last security o
	12.b. Amount.	\$28

Name of Person Filing Kerry Hale	File Number <b>U-</b>
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#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name OVSS Laborers-Employers Cooperation & Edu	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 305	b. Trust
Street 25 century Boulevard	c. Employer
City Nashville	re-
State Tennessee ZIP Code + 4 37214	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:	Ohio Valley and Southern States Laborers-Employers Cooperation and Education Trust (LECET) secures projects and jobs, increases union-sector market share, advertises their services, develops a
P.O. Box, Bldg., Room No., if any	workforce, and advances shared market-related interests.
Street	The state of the s
State	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	05/20/2004 Had meal
	12.b. Amount. \$33

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8. Name and address of Business (including trade name, if any).  Name OVSS Laborers-Employers Cooperation & Edu  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	Appendix union in human contribution and 11.5 for his top report of per years or 1' no see for it
	12.a. Nature of interest held or income received. 05/20/2004 Had dinner	
	12.b. Amount.	\$26

Name of Person Filing Kerry Hale	File Number <b>U-</b>

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name OVSS Laborers-Employers cooperation & Edu	a. Labor Organization	
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P.O. Box, Bldg., Room No., if any Suite 305	b. Trust	
Street 25 century Boulevard	c. Employer	
City Nashville		
State Tennessee ZIP Code + 4 37214		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Social and the Manife Specific and Design of Specific Spe
Name	Ohio Valley and Southern States La Cooperation and Education Trust (I	borers-Employers ECET) secures
Trade Name, if any:	projects and jobs, increases union share, advertises their services, workforce, and advances shared mar	develops a
P.O. Box, Bldg., Room No., if any	interests.	File-year of Hillipse
Street	Professional and Profes	The second secon
City	Part business	WHITE COLUMN TO THE COLUMN TO
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State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	Memory deposits an absolute of the street in a manage of the annual and a con-
	09/30/2004 Had meal at a restaurant	· man anyope
	and medi de d'iestatane	V 1
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	August Areas	
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	12.b. Amount.	\$105

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8. Name and address of Business (including trade name, if any).		9. Business deals with:		
Name Tennessee Laborers' Health and Welfare fund		a. Labor Organization		
Trade Name, if any:		glidering		
P.O. Box, Bldg., Room No., if any P.O. Box 1449  Street 2001 Caldwell Drive		b. Trust		
State Tennessee	ZIP Code + 4 37072	Parameter State Control of the Contr		
10. If 9.b. or 9.c. is checked give trust of	or employer's name.	11.a. Nature of such dealing.		
Name    Section   Proceedings   Proceedings   Procedure   Proceedings   Procedure   Proced		Provides Health and Welfare benefits		
Trade Name, if any:	ertopasser uis-evora het 1860 je ei honeem war e proppyruit de voorde voorde voorde van de voorde die het dit S Justin held telekteren statischen ken in 1875 helikelie (als die helikelie kolsten) by die held te voorde voorde van de voorde voorde voorde van de voorde voorde van de voorde voorde voorde van de voorde v			
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		02/27/2004 Reimburse travel expenses		
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		12.b. Amount.	\$1,112	

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# Reporting Period 01/01/2004 -12/31/2004

# ADDENDUM A [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exits separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

# ADDENDUM B [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

# ADDENDUM C [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.



U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N- 5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Kerry Hale, Labor Organization File # U-000-131\_

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

King D. Hali

Kerry Hale